

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2	1						52		2				
3		2					53		2				
4		2					54		1				
5		2					55		1				
6		2					56		1				
7		2					57		1				
8		2					58		1				
9		2					59		1				
10		2					60						
11		2					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22	1						72						
23	1						73						
24		2					74						
25		2					75						
26	1						76						
27	1						77						
28	1						78						
29		1					79						
30		1					80						
31		1					81						
32		2					82						
33	1						83						
34		3					84						
35		3					85						
36	1						86						
37	1						87						
38		2					88						
39	1						89						
40	1						90						
41	1						91						
42	1	2					92						
43		1					93						
44		1					94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.	19						TOTAL IND.						
TOTAL DEP.	46						TOTAL DEP.	12					
TOTAL CLAIMS							TOTAL CLAIMS						